Type of Prog (Check One) Alcoho			COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES ALCOHOL AND DRUG PROGRAM ADMINISTRATION COST REPORT FOR CONTRACTED SERVICES FISCAL YEAR 2000-2001						PROGRAM EXPENSES Schedule P2 Page 1 of 1	
Perina		FACILITY RENT/LEASE OR DEPRECIATION								
Parolee PROPOSITION 36 USE ONLY										
CONTRACT AGENCY LEGAL NAME					MODE OF SERVICE				DATE	
		FACILITY AD	DRESS		_					
CHOOSE OF	NE OF THE	FOLLOWING (I OR	II):							
I. FACILITY	RENT/LE	ASE								
		Total Annual Rent/Lease	Total Gross Square Footage	(A / B) Cost Per Square Foot						
		(A)	(B)	(C)						
Amount To Ager	t Charged ncy									
Annual Rent/Lease Expense Charged To Program										
		(C x D) County EXPLAINATION								
		Program	Actual	Approved	(F - E)	If Column E is not equal to Col. C x Col. D, explain the difference.			lifference.	
		Square Footage	Expenditures	Budget	Variance	4.0				
Amount	t Charged	(D)	(E)	(F)	(G)		(H	l)		
To Ager										
Post Totals to Summary Page (Line 2)										
II. FACILITY OWNED - DEPRECIATION EXPENSE Annual Depreciation										
_						Devesiable Heafullife Assumulated			Ì	
	ate of	Facility	Facility	Salvage	Depreciable	Useful Life	Accumulated	Expense Charged		
	(A)	Cost (B)	Improvement (C)	Value (D)	Cost (E)	(Years) (F)	Depreciation (G)	To Agency (H)		
	٧٧	(5)	(5)	(5)	(-)	\' <i>I</i>	(5)	(* '/		
Annual Depreciation Expense Charged To Program										
	tual									
	nditures	Budget	Variance	Use Straight Line Method of Depreciation Only.						
•	(I)	(J)	(K)							
	·									